

Proof of Service

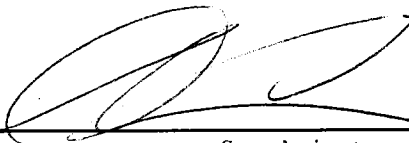
I declare under penalty of perjury that I served the summons and complaint in this case on _____,
by:

- (1) personally delivering a copy of each to the individual at this place, _____;
_____; or
- (2) leaving a copy of each at the individual's dwelling or usual place of abode with _____
who resides there and is of suitable age and discretion; or
- (3) delivering a copy of each to an agent authorized by appointment or by law to receive it whose name is
Wyoming Corporate Services, Inc., 1712 Pioneer Ave., #101, Cheyenne, WY _____; or
- (4) returning the summons unexecuted to the court clerk on _____; or
- (5) other (*specify*) _____

_____.

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00.

Date: 09/18/2017



Server's signature

Adrienne N. Cash, Attorney for Plaintiff

Printed name and title

Barber & Bartz
525 S. Main, Suite 800
Tulsa, Oklahoma 74103
(918) 599-7755

Server's address

9565 5146 0000 0106 9102

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

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Enviracarbon, Inc.
 c/o Wyoming Corporate Services,
 Inc.
 1712 Pioneer Ave., Suite 101
 Cheyenne, WY 82001

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Enviracarbon, Inc.
 c/o Wyoming Corporate Services,
 Inc.
 1712 Pioneer Ave., Suite 101
 Cheyenne, WY 82001



9590 9402 2478 6306 2763 60

2. Article Number (Transfer from carrier label)
 7016 3010 0000 9415 5356

COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>Sham Kune</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
B. Received by (Printed Name) <i>Sham Kune</i>	C. Date of Delivery <i>9/11/17</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail (over \$500)	

PS Form 3811, July 2015 PSN 7530-02-000-9053

1604-78 *Sh*

Domestic Return Receipt